

34 patients (55%).no patient died during the hospitalization, complications (mainly arrhythmias) occurred in 19.6% of cases.

**Conclusion:** ACS in the young have specific epidemiological characteristics. Cannabis users represent 22.9% of this population.

## 0202

### Gender impact on revascularization in acute coronary syndrome. The national observational study of diagnostic and interventional cardiac catheterization (ONACI)

Marc-Antoine Isorni (1), Etienne Puymirat (1), Didier Blanchard (1), Nelson Teixeira (1), Hervé Le Breton (2), Marie-Cécile Perier (3), Nisa Renaud (1), Martine Gilard (4), Thierry Lefevre (5), Genevieve Mulak (6), Nicolas Danchin (1), Christian Spaulding (1), Xavier Jouven (1)  
(1) *CHU Hôpital Européen Georges Pompidou (HEGP) – APHP, Cardiologie, Paris, France* – (2) *CHU Rennes, Cardiologie, Rennes, France* – (3) *Unité INSERM U970, Paris, France* – (4) *CHU Brest, Brest, France* – (5) *Institut hospitalier Jacques Cartier, Massy, France* – (6) *Société Française de Cardiologie, Paris, France*

**Aims:** Gender differences in management of patients with acute coronary syndromes (ACS) have been reported. The aim of this study was to evaluate the impact of gender on myocardial revascularization in patients with ACS from a French nationwide registry (ONACI).

**Methods and Results:** We analysed data from a nationwide French prospective multicentre registry including 64,932 ACS patients (mean age  $65.7 \pm 13.3$ ; 27% women, 31% ST-elevation myocardial infarction (STEMI)) recruited in 99 centres between 2004 and 2008. Women were older than men and had higher rates of cardiovascular risk factors. Women were more likely to have normal vessel/non-significant coronary artery disease (<50% stenosis in all epicardial vessels; 8.4% vs. 3.8%,  $p < 0.001$ ) and less likely to have left-main and three vessel disease. After adjustment for age, risk factor, and extent of disease, myocardial revascularization (defined as the use of percutaneous coronary intervention (PCI) or coronary artery bypass grafting) was less frequently used in women than in men (adjusted OR=0.83; 95% CI: 0.78-0.87). For those receiving PCI, In-hospital mortality occurring within 24 hours of intervention was higher in women (3.6% vs. 1.2%; adjusted OR=0.51; 95% CI: 1.22-1.87).

**Conclusion:** In the present study, women with ACS were likely to have cardiovascular disease risk factors, but were more likely to have normal vessel/non-significant angiographic coronary artery disease. In patients with advanced disease, myocardial revascularization seems to be less used in women compared to men whatever the type of ACS. Further study regarding long-term clinical outcomes according to sex and myocardial revascularization is warranted.

## 0441

### Prognostic impact of tissue protrusion after stenting in patients with acute coronary syndrome: an optical coherence tomography study

Benjamin Bonnet, Philoktimon Plastaras, Jianfeng Huang, Marie France Sèronde, Romain Chopard, Francois Schiele, Nicolas Meneveau  
*CHU Besançon, Cardiologie, Besançon, France*

**Aim:** The real clinical impact of Optical Coherence Tomography (OCT) – defined abnormalities remains unknown. We investigated prognostic impact of

tissue protrusion between stent struts after stent implantation in patients with non-ST elevation acute coronary syndromes (NSTEMACS).

**Methods:** Prospective study of consecutive NSTEMACS pts ( $\leq 72$  h) undergoing PCI for an infarct-related artery presenting a single lesion without diffuse disease on the culprit artery. Pts were treated at the operator's discretion. OCT was performed after initial coronary angiogram and at end of angioplasty procedure. Prolapse was defined as projection of tissue (plaque/thrombus) into the lumen between stent struts after implantation. Primary endpoint of procedural complications associated no reflow + PCI-related myocardial infarction (MI) (20% rise in troponin over baseline at 24h). Secondary endpoint was functional result of angioplasty assessed by fractional flow reserve (FFR) measured at end of procedure.

**Results:** 43 pts were included, mean age  $63 \pm 11$  ans, 90% men. Tissue protrusion was observed in 35(81%), tissue took up a median 8.85% [IQR 6.2-14.2%] of intra-luminal area over a median length of 2.8mm [IQR 1.4-5.2]. Presence of protrusion was not associated with cardiovascular risk factors or pre-treatment with aspirin, thienopyridines, antiGP IIb/IIIa or anticoagulants. Tissue protrusion had no impact on procedural complications or FFR (Table).

**Conclusion:** Tissue protrusion through struts after stent implantation is frequent on OCT in NSTEMACS pts undergoing angioplasty. It occludes on average 10% of in-stent area but does not limit flow or impact on post-procedural complications.

## 0482

### Silent AF in acute myocardial infarction severely impairs long term prognosis

Karim Stamboul (1), Sarah Hassam (1), Guillaume Cartigny (1), Thibault Leclercq (1), Jean-Claude Beer (1), Claude Touzery (1), Marianne Zeller (2), Yves Cottin (1)

(1) *CHU Dijon, Hôpital Bocage, Cardiologie, Dijon, France* – (2) *Faculté de Médecine, INSERM U866, LPPCM, Dijon, France*

**Background:** Silent Atrial Fibrillation (AF) has recently been shown to be common in acute myocardial infarction (AMI) and to dramatically increase in-hospital death. However, the long term prognosis of silent AF in AMI remains unknown.

**Methods:** From the 1st May 2011 and the 31st January 2013 all the consecutive patients were prospectively analyzed by continuous ECG monitoring (CEM) during the first 48 hours after admission for an AMI. Silent AF was defined as asymptomatic episodes lasting at least 30 sec. Patients discharged alive and with a follow-up at 1 year were included in the present study. Patients who developed silent AF were compared with symptomatic AF and No AF group.

**Results:** Among the 737 patients included, 96 (13.0%) developed silent AF and 56 (7.6%) developed symptomatic AF during their hospital stay. Compared with the no AF group, patients with silent AF were markedly older  $80$  (64-84) vs.  $61$  (53-75) years;  $p < 0.001$ ), more frequently women (42% vs. 30%;  $p = 0.069$ ), and less frequently smoker (24% vs. 37%;  $p < 0.001$ ). GRACE risk score was significantly higher in silent AF group (131(101-148)) than in no AF group (98(75-);  $p < 0.001$ ). They also had a significant left atrial (LA) enlargement with LA surface indexed at  $10.1$  (8.5-12.6) vs.  $9.2$  (7.4-10.9)  $\text{cm}^2/\text{m}^2$ ;  $p < 0.001$  and LA volume indexed  $29.4$  (21.0-43.1) vs.  $24.1$  (18.1-32.9)  $\text{cm}^3/\text{m}^2$ ;  $p < 0.001$ . At one year follow-up, rehospitalizations for heart failure were more frequent after silent AF (4.2%) or symptomatic AF (8.9%) than in no AF group (1.4%), ( $p < 0.001$ ). One year mortality was dramatically higher in silent AF group (9.4%) and in symptomatic AF group (17.9%) than in no AF group (3.8%) ( $p < 0.001$ ).

#### Abstract 0441 – Table

	1st quartile [0-6.2%]	2nd quartile [6.21-8.85%]	3rd quartile [8.86-14.15%]	4th quartile [14.16-31%]	1st quartile [0-6.2%]
No reflow	7.7%	22.2%	0	25%	0.33
Peri-procedural MI	6 (46%)	8 (80%)	6 (60%)	5 (50%)	0.39
FFR post-stenting	0.94 $\pm$ 0.03	0.94 $\pm$ 0.06	0.93 $\pm$ 0.03	0.93 $\pm$ 0.04	0.99